

**INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)**

This is a copy of your Report to the U.S. Consumer Product Safety Commission submitted on 3/10/2014

**Incident Details**

VQ-10578717-3218

Document Number: 11430188A

Report Number: 20140310-B1665-2147446518

Report Submitted Date: 3/10/2014

Who You Are: Consumer

Incident Description: I WAS AN OWNER OF A 2003 CHEVROLET TRACKER UP UNTIL 2/28/14.I WAS REAR ENDED WHILE WAITING TO MAKE A TURN. THE PERSON HIT THE REAR OF MY VEHICLE AT FULL SPEED CAUSING A RUPTURE IN MY GAS TANK. THE COLLISION PUSHED ME 30 FT. ACROSS THE INTERSECTION INTO A MEDIAN SIGN.THERE WAS A TRAIL OF IGNITED GAS FROM POINT OF IMPACT TO WHERE I STOPPED. LUCKILY THE SEAT BELT PREVENTED ME FROM HITTING THE STEERING WHEEL OR WINDSHIELD.IF THAT WOULD HAVE HAPPENED I WOULD HAVE BEEN KNOCKED UNCONSCIOUS AND WOULD HAVE NEVER GOTTEN OUT IN TIME. I ROLLED OUT OF THE CAR JUST IN CASE I WAS ON FIRE TO DOUSE ANY FLAMES ON MY CLOTHES. THE VEHICLE WAS A TOTAL LOSS WITH NO SALVAGEABLE PART ON THE ENTIRE CAR, INSIDE OR OUT. I'D LIKE TO KNOW IF THERE HAVE BEEN ANY OTHER REPORTS OF A SIMILAR INCIDENT?

Incident Date: 2/28/2014 This is an estimate

Incident Location: Street or Highway - N.MCKNIGHT & FRONTAGE ROAD, ST.PAUL, Minnesota, ?, United States

**Victim Details**

First Name: [REDACTED]

Last Name: [REDACTED]

Injury Information: Injury, Emergency Department Treatment Received

Victim is of Hispanic/Latino origin? Yes

Race: Other

Other Race/Ethnicity: MEXICAN

My Relationship to Victim: Self

Gender: Male

Age when incident occurred: 76 Years

Address: [REDACTED] woodbury, Minnesota, [REDACTED] United States

E-mail: [REDACTED]

Phone Number: [REDACTED]

**Product Details**

Product Description: CHEVROLET TRACKER 2003 SUV 4WD 4DR

Product Category: automobile

Product Type:

Brand Name:  
Manufacturer / CHEVROLET  
Importer /  
Private Labeler  
Name:  
Model Name or  
Number:  
Serial Number:  
Date  
Manufactured:  
Manufacturer  
Date Code:  
Manufacturer Not specified  
Address:  
Manufacturer  
Website URL:  
Manufacturer  
Phone Number:  
Retailer:  
Retailer State:

**Additional Details**

Purchase Date:

I still have the N/A  
product in my  
possession.

The product N/A  
was damaged  
before the  
incident.

The product N/A  
was modified  
before the  
incident.

Have you N/A  
contacted the  
manufacturer?

If not, do you N/A  
plan to contact  
them?

Explanation:

Your Contact Information

First Name: [REDACTED]

Last Name: [REDACTED]

Address: [REDACTED], woodbury, Minnesota, [REDACTED] United States

E-mail [REDACTED]

Phone Number: [REDACTED]

Consent

May we include your Report, including any documents or photographs that you have attached to your Report, but without your name and contact information, in CPSC's Public Database? Yes, you may include my Report with any attachments on SaferProducts.gov.

May we release your name and contact information to the product manufacturer / importer / private labeler identified in your Report? No, do not release my name and contact information to the product manufacturer / importer / private labeler.

I certify that I have reviewed the Report and that the information provided in this Report is true and accurate to the best of my knowledge, information, and belief. Yes

OMB Control Number 3041-0146